



ON-THE-SPOT AWARD VOUCHER

PAY TO THE _____

_____ DOLLARS

PAYMENT WILL BE PROCESSED BY NEXT PAY CYCLE

FOR A JOB WELL DONE

(SIGNATURE OF RECOMMENDING OFFICIAL)

(DATE)

ON-THE-SPOT AWARD INFORMATION

FROM (Office Symbol):

2. TO:

DASC-RHP

3. NAME OF RECIPIENT(LAST,FIRST,MIDDLE INITIAL)

4.SSN

5.OFFICE SYMBOL

6.PAY PLAN/GRADE

7.SPECIFIC ACCOMPLISHMENT(S)

8.RECOMMENDED AWARDS

9.FUND CITE (Required only if the recipient is not assigned to the activity approving award)

NOTE: AFTER APPROVAL, PRESENT TOP VOUCHER PORTION TO RECIPIENT - SEND BOTTOM PART EXPEDITIOUSLY TO DASC-RH P

10.RECOMMENDING OFFICIAL

DATE

DEC 19 2001

11. APPROVING OFFICIAL

DATE

DEC 19 2001

a. SIGNATURE

a. SIGNATURE

b. TITLE

TELEPHONE

b. TITLE